

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:751

ANSWERED ON:22.10.2008

SPECIALISED HEALTH FACILITIES FOR POOR PATIENTS

Subbarayan Shri K.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the percentage of Indian population that has free access to specialized health facility;
- (b) whether the Government has any plan to impose health-cess on the big corporate business houses and private hospitals to build a corpus for free specialized treatment of the poor;
- (c) if so, the details thereof and if not, the reasons therefor; and
- (d) the steps taken by the Government to improve upon the availability of free specialized treatment to all the poor sections of the country?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE(DR. ANBUMANI RAMADOSS)

(a) While health facilities are set up on the basis of population, work load and distance, there is no data to ascertain the percentage of free access for specialized health facilities. However, NSSO 60th Round (2005) data shows out of pocket expenditure even at public facility for hospitalized treatment. There are many specialized services like treatment for TB, immunization, cataract surgery, institutional delivery etc. that are available for all citizens.

(b) & (c) Under NRHM, allocation for public health is envisaged to be increased from 0.9% of GDP to 2-3% of GDP over the Mission period. The 11th plan has allocated Rs.1,36,147 crore for health care which is substantially higher than earlier 10th plan (Rs.33521.20 crore). As on date, there is no proposal to impose health-cess on the big corporate business houses and private hospitals to build a corpus for free specialized treatment of the poor under NRHM.

(d) the Government has taken several initiatives to improve the health care facilities at the district and sub-district level health institutions in the country. NRHM emphasis on creating a fully functional platform for health care at all levels, starting from the village, the Sub- Centre, the PHC, the CHC and the District Hospital. It has also articulated the need for partnerships with the Non-Governmental Sector. To reduce the out of pocket expenditure on health by rural poor, NRHM envisages social security nets in the form of need based, community oriented flexible insurance schemes. Financial assistance in the form of untied fund, Annual Maintenance Grant, Annual corpus fund at the level of Village, Sub centre, PHC, CHC, sub- district and district level have been provided to meet unforeseen health problems. The states have been given the flexibility to design appropriate schemes to ensure proper and free treatment of patients.